

COPY

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

Operator: License # 32187

Name: Southwind Exploration LLC

Address P.O. Box 34
5th & Junction

City/State/Zip Piqua, KS 66761

Purchaser: Quest Energy Services

Operator Contact Person: F.L. Ballard

Phone (316) 468-2885

Contractor: Name: McPherson Drilling

License: 5675

Wellsite Geologist: none

Date Type of Completion
 New Well Re-Entry Workover

Oil S/D S/O Temp. Abd.
 Gas ENHR S/O
 Dry Other (Core, USW, Expl., Cathodic, etc)

If Workover/Reentry: Old Well Info as follows:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Deepening Re-perf. Conv. to Inj/S/D
 Plug Back PSTD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (S/D or Inj?) Docket No. _____

9-25-00 9-26-00 10-21-00
Spud Date Date Reached TD Completion Date

API No. 15- 133-256270000

County Neosho

- NW -NW -NW Sec. 14 Twp. 30 Rge. 17 E

4830' ^{KCC 9A} Feet from S (circle one) Line of Section

4930' Feet from E (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)

Lease Name Robert Leck Well # 1

Field Name South Thayer Gas

Producing Formation Mulky + Summit

Elevation: Ground _____ KB _____

Total Depth 803' PSTD _____

Amount of Surface Pipe Set and Cemented at 20' Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from 790'

feet depth to surface w/ 138 sk cat.

Drilling Fluid Management Plan ALT 2 9A 12-29-00
(Data must be collected from the Reserve Pit)

Chloride content _____ ppm fluid volume _____ bbls

Dewatering method used _____

Location of fluid disposal if hauled offsite: _____

Operator Name _____

Lease Name _____ License No. _____

_____ Quarter Sec. _____ Twp. _____ S Rng. _____ R/A

County _____ Docket No. _____

RECEIVED
STATE CORPORATION COMMISSION
CONSERVATION DIVISION
Wichita, Kansas
NOV 16 2000

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market Street, Room 2978, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rules 82-3-130, 82-3-106 and 82-3-107 apply. Information on side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in cases of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature F.L. Ballard

Title Agent Date 11-14-00

Subscribed and sworn to before me this 14th day of November, 192000

Note: Public Guille Rose

Date Commission Expires 5-2-2001

K.C.C. OFFICE USE ONLY		
F	<input checked="" type="checkbox"/>	Letter of Confidentiality Attached
C	<input type="checkbox"/>	Wireline Log Received
C	<input type="checkbox"/>	Geologist Report Received
Distribution		
<input type="checkbox"/>	KCC	<input type="checkbox"/>
<input type="checkbox"/>	KGS	<input type="checkbox"/>
<input type="checkbox"/>	S/D/Rep	<input type="checkbox"/>
<input type="checkbox"/>	Plug	<input type="checkbox"/>
<input type="checkbox"/>	Other	<input type="checkbox"/>
(Specify)		

Operator Name Southwind Exploration LLC Lease Name Robert Leck Well # 1

Sec. 14 Twp. 30 Rge. 17 East West County Neosho

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken (Attach Additional Sheets.) Yes No

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run (Submit Copy.) Yes No

List All E.Logs Run:
 Drillers
 Gamma Ray Neutron

Log Formation (Top), Depth and Datum Sample

Name _____ Top _____ Datum _____

See attached logs

CASING RECORD <input checked="" type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (in O.D.)	Weight Lbs./Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface	11"	8 5/8"	32#	20'	portland	4	
production	6 3/4"	4 1/2"	5.9#	790'	portland	138	
					50/50 poz mix		

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
Perforate				
Protect Casing				
Plug Back TO				
Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type		Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)	Depth
4	696-704			
4	714-720		75gals 15% HCL	

TUBING RECORD

Size _____ Set At _____ Packer At _____ Liner Run Yes No

Date of First, Resumed Production, S/D or Inj. 11-1-00 Producing Method Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil <input checked="" type="checkbox"/> Bbls. 0	Gas <input checked="" type="checkbox"/> Mcf 50	Water <input checked="" type="checkbox"/> Bbls. 40	Gas-Oil Ratio	Gravity
-----------------------------------	---	--	--	---------------	---------

Disposition of Gas: Vented Sold Used on Lease (if vented, submit ACO-18.)

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval 696-704
714-720